Department of Motor Vehicles Tax Services P.O. Box 27422 Richmond, Virginia 23269-7422

VIRGINIA FUELS TAX AVIATION CONSUMER'S SCHEDULE OF DISBURSEMENTS

Read the filing information and instructions on the back.

Schedule Number

AVIATION CONSUMER INFORMATION	PLEASE	PRINT IN INK OR TYP	E	
Name			FEIN/SSN	Report Month/Year
PRODUCT INFORMATION Check applicable box. (Complete separate schedules for each type aviation jet fuel you receive.)	MODE OF	TRANSPORTATION (CODES	
☐ 130 - BONDED Aviation Jet Fuel	J - Truck	PL - Pipeline	B - Barge S - Ship	
☐ 130 - NON-BONDED Aviation Jet Fuel	R - Rail	ST - Stationary Transfer	BA - Book Adjustment	

PRODUCT DISBURSEMENT INFORMATION

Carrier's Name	Carrier's FEIN/SSN	Mode	Poii Origin	4 nt of Destination	Purchaser's Name	Purchaser's FEIN/SSN	Date Shipped	Document Number	Billed Gallons
									_
								l	

ADDITIONAL LINES FOR DATA ON BACK

TOTAL (this page only)	-
GRAND TOTAL (all pages)	

VIRGINIA FUELS TAX AVIATION CONSUMER'S SCHEDULE OF DISBURSEMENTS

PRODUCT DISBURSEMENT INFORMATION

1 Carrier's Name	2 Carrier's FEIN/SSN	Mode	Point of Origin Destination		Purchaser's Name	7 Purchaser's FEIN/SSN	Date Shipped	9 Document Number	12 Billed Gallons
TOTAL (this page only)									

INSTRUCTIONS

This schedule provides detail in support of the amount(s) shown as disbursements on your monthly Virginia fuels tax report.

You may submit a schedule summarizing your disbursements which must be formatted the same as the Aviation Consumer's Schedule of Disbursements. If you choose to submit summary schedules, you must still submit the schedules of individual disbursements.

SCHEDULE NUMBER Enter the schedule number for the product activity you are reporting. (See Part A of the monthly report for required schedules.)
NAME Enter the name of the supplier as shown on your monthly Virginia fuels tax report.
FEIN/SSN Enter the supplier's FEIN or SSN as shown on your monthly Virginia fuels tax report.
REPORT MONTH/YEAR Enter the month and year for which you are reporting.
PRODUCT INFORMATION Check the applicable box for the product type accounted for on this schedule.
CARRIER'S NAME Enter the name of the company that transported the product.
CARRIER'S FEIN/SSN Enter the FEIN or SSN of the company that transported the product.
MODE Enter the code for the mode of transport used to move the product from the terminal. (See the Mode Of Transportation Codes chart on the front.)
POINT OF ORIGIN Enter the IRS Terminal Control Number if the product was disbursed from a terminal. Otherwise enter the city and state where the disbursement occurred.
POINT OF DESTINATION Enter the IRS Terminal Control Number if the product was received into a terminal. Otherwise, enter the city and state where the product was delivered.
PURCHASER'S NAME Enter the name of the company that bought the product.
PURCHASER'S FEIN/SSN Enter the FEIN or SSN of the company that bought the product.
DATE SHIPPED Enter the date (month, day, year) the product was shipped.
DOCUMENT NUMBER Enter the terminal manifest number, pipeline/barge ticket number, or bulk plant withdrawal invoice number.
BILLED GALLONS Enter the total number of gallons billed.
TOTAL (this page only) Enter the sum of these columns for this page of the report.
GRAND TOTAL (all pages) Enter the sum of these columns for all pages of this report.